

Rec'd CT/PTO 25 JAN 2005

Under the Trademark Act of 1902, it is hereby acknowledged that the information contained herein is true and correct to the best of the knowledge of the undersigned.

# **POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	PTO/USPTO 1500
Filing Date	24 July 2002
First Named Inventor	PETKOV, Roumen
Title	INTERACTIVE HEADLIGHT CONTROL SYSTEM
Art Unit	
Examiner Name	
Attorney Contact Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Proceedings selected with the Customer Number: [ ]

☐ Proceedings named below:

Name	Registration Number

as my/our attorney/attorneys to prosecute the application identified above, and to transmit all payments to the United States Patent and Trademark Office on my/our behalf.

Please indicate or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

☐ The address associated with Customer Number: [ ]

Firm or Individual Name	PETKOV, Roumen				
Address	33401, Plovdiv				
City	MONTREAL	State	QUEBEC	Zip	H3K 2R8
Country					
Telephone	1(514) 945-0330	Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 5.71.

Statement under 37 CFR 5.72(a) is required. (Form PTO/USPTO 1500)

SIGNATURE of Applicant or Assignee of Record

Signature	[Signature]	Date	January 12, 2005
Name	PETKOV, Roumen	Telephone	1(514) 945-0330
Firm or Company	ROUMEN PETKOV		

NOTE: Signatures of all persons or assignees of record of the entire interest of the representative(s) are required. Signature sheets must be more than one page in length and must be signed.

☐ "Total of" [ ] forms are submitted.

The collection of information is required by 37 CFR 1.51, 1.52 and 1.53. The information is required to obtain a benefit by the public which is to be (and by the USPTO to process) an application. (Continuation of a form by 37 CFR 1.51, 1.52 and 1.53. The collection is intended to take 5 minutes to complete. Including preparing, copying, and attaching the completed application form to the USPTO. The fee will vary according to the individual case. Any documents in the amount of time you require to complete this form under application for making the benefit should be sent to the Chief Information Officer, US Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1600, Alexandria, VA 22314-1600. DO NOT SEND FEES OR COMPLETED FORMS TO THE ADDRESS. Send to: Commissioner for Patents, P.O. Box 1600, Alexandria, VA 22314-1600.

If you need assistance in completing the form call 1-800-PTO-9920 and select option 3.